

PATENT
Q178-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SKINLO, David et al.

Serial No: 10/697,537

Filed: October 29, 2003

For: SEPARATOR BAG FOR USE IN
ELECTROCHEMICAL CELL

Art Unit: 1795

Examiner: Alix E. Echelmeyer

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248392955US

Dated: July 16, 2008

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as Express Mail under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Appeal Brief – Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter (in duplicate) (2 pages)
2. Fee Transmittal Letter (in duplicate) (2 pages)
3. Appeal Brief with Appendix (66 pages)
4. Request for Two Month Extension of Time (in duplicate) (2 pages)
5. Form PTO-2038 Credit Card Authorization (1 page)
6. Self addressed stamped postcard (1 page)

July 16, 2008

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/697,537
	Filing Date	October 29, 2003
	First Named Inventor	SKINLO, David et al.
	Group Art Unit	1795
	Examiner Name	Alix Echelmeyer
Attorney Docket Number		Q178-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment with attachment	Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – two month	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/16/2008

Phone: (818) 833-2003
Fax: (818) 833-2065

By:

Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____

Typed or printed name

TRAVIS DODD

Signature

Date



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/697,537
	Filing Date	October 29, 2003
	First Named Inventor	SKINLO, David et al.
	Group Art Unit	1795
	Examiner Name	Alix Echelmeyer
	Attorney Docket Number	Q178-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment with attachment	Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – two month	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815


(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/16/2008

Phone: (818) 833-2003
Fax: (818) 833-2065

By: 
Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this _____
date: _____

Typed or printed name	TRAVIS DODD		
Signature		Date	



FEE TRANSMITTAL

Attorney Docket No.	Q178-US1
First Named Inventor:	SKINLO, David et al.
Application Number	10/697,537
Filing Date:	October 29, 2003
Examiner Name:	Alix Elizabeth Echelmeyer
Group/Art Unit:	1795

TOTAL AMOUNT OF PAYMENT:	\$ 485.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	38 – 53 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	4 – 7 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Appeal Brief	\$	\$255.00	\$255.00
Two Month Extension of Time	\$	\$230.00	\$230.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$485.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2008



FEE TRANSMITTAL

Attorney Docket No.	Q178-US1
First Named Inventor:	SKINLO, David et al.
Application Number	10/697,537
Filing Date:	October 29, 2003
Examiner Name:	Alix Elizabeth Echelmeyer
Group/Art Unit:	1795

TOTAL AMOUNT OF PAYMENT:	\$ 485.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	38 – 53 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	4 – 7 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Appeal Brief	\$	\$255.00	\$255.00
Two Month Extension of Time	\$	\$230.00	\$230.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$485.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2008